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APPLICANTS

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** CONTINUING DATA ***** *T. Day*

** FOREIGN APPLICATIONS ***** *T. Day*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>T. Day</i> Initials <i>td</i>	STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 9
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TITLE

Abstract data linking and joining interface

FILING FEE RECEIVED 1488	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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